

## CHAMPVA POLICY MANUAL

CHAPTER: 3  
SECTION: 10.1  
TITLE: ANESTHESIA

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AUTHORITY: 38 CFR 17.270

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(vii)(c)(3)(vii) and CFR 199.6(c)

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### I. EFFECTIVE DATE

August 26, 1985

### II. PROCEDURE CODE(S)

00100-01999

### III. POLICY

A. Services Billed for Anesthesiologist or Person Employed by the Anesthesiologist:

1. The payment for the range of services provided by both the anesthesiologist and the anesthesiologist employee will be made on an allowable charge basis using CPT-4 anesthesia codes.

2. When a nurse anesthetist employed by an anesthesiologist provides services under the anesthesiologist's direct personal, and continuous supervision, the anesthesiologist must include the charges for the employee's services in the bill for service.

B. Services Performed by a Person Not in the Anesthesiologist's Employ:

1. Reimbursement for services of an anesthesiologist not in the employ of the physician, including the services of interns and residents, are included in the hospital reimbursement. Payment can be made under CHAMPVA on an allowable charge basis for any direct patient care service personally rendered by the anesthesiologist.

2. If the care is otherwise eligible for benefits, anesthesia services rendered by a nurse anesthetist in private practice are payable under the following conditions.

a. There is physician referral and the anesthesia service is performed under the supervision of a physician or dentist.

b. The nurse anesthetist is operating within the scope of a valid license or certification in the jurisdiction where the anesthesia is rendered.

c. The nurse is a licensed Registered Nurse.

3. When the anesthesiologists are assisted by a nurse anesthetist who is not their employee, they must identify on their bills the direct personal services they themselves render to the patient, so that an appropriate judgment can be made as to what portion of the allowable charge for the total service can be allowed in the particular case. In some instances, CHAMPVA may review these claims to determine the appropriate allowable charge.

C. Anesthesia administered by the surgeon in his office or similar setting by local infiltration or metacarpal/digital block or topical anesthesia in connection with surgery performed in the surgeon's office or similar setting is covered as part of the surgery. No additional payment may be made for the anesthesia since the surgical allowable charge includes the anesthesia.

D. Pre and post-operative services are included in anesthesia care. It is not appropriate for the anesthesiologist to bill for an evaluation and management (E&M) service when the only service provided is a pre or post-operative evaluation.

E. Local or regional anesthesia is covered. However, separate payment for local or regional anesthesia will not be made since the charges for this type of anesthesia is included in the allowable charge for the surgery.

#### **IV. EXCEPTION**

If the surgeon bills a single charge that includes both the surgery and the anesthesia, a breakdown of the charge must be obtained and the anesthesia services denied. When a breakdown of charges is not available, payment will be based on the allowable charge for the surgery alone. This exception applies to general and epidural anesthesia administered by the operating surgeon in a surgical suite. It does not apply to cases involving administration of local or regional anesthesia such as local anesthesia administered by a surgeon in the surgeon's office, by an obstetrician in a delivery room, or by an orthopedic surgeon in an operating room.

**\*END OF POLICY\***